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Date

27 July 2001

By

Vladimir Skliba

Box Patent Application Commissioner for Patents Washington, D.C. 20231

UTILITY PATENT APPLICATION TRANSMITTAL

Transmitted herewith for filing is a U.S. Non-Provisional Utility Patent Application entitled:

METHOD AND APPARATUS FOR TACKING PATIENTS FOR COMPLIANCE WITH CLINICAL CARE AND PHARMACEUTICAL THERAPY

naming as inventors: Eric L. SCHWARTZ, Daniel M. SCHWARTZ and, Christopher M. QUALE

and including:

- [X] (20) pages of description (before the claims);
- [X] (8) pages of claims ((29) total claims; (10) independent claims);
- [X] One (1) Sheet of Abstract;
- [X] (10) sheets of drawing(s) including Figures 1 to 10.

1. Also enclosed are:

- [X] unexecuted Declaration
- [] Application Data Sheet
- Assignment and Assignment Recordation Cover Sheet
- [] Power to Prosecute
- Assertion of Entitlement to Small Entity Status
- [] Information Disclosure Statement
- [] Nonpublication Request and Certification
- [X] Other: Postcard

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2.	[]	Please amend the specification by inserting before the first heading the
	follow	ing paragraph:

This application claims priority under 35 U.S.C. §§119 and/or 365 to ___ filed in ___ on ___, the entire content of which is hereby incorporated by reference.

A certified copy of the priority application [] is enclosed [] will follow.

3. [X] Please amend the specification by inserting before the first heading the following paragraph:

This application claims priority under 35 U.S.C. §119(e) to U.S. Provisional Application No. 60/221,094, filed July 27, 2000.

4. [] Please amend the specification by inserting before the first heading the following paragraph:

This application claims priority under 35 U.S.C. §120 to U.S. Patent Application No. ___, filed ___, the entire content of which is hereby incorporated by reference.

5. The filing fee has been calculated as follows [] and in accordance with the enclosed preliminary amendment:

	NO. OF CLAIMS		EXTRA CLAIMS	RATE	FEE	
Basic Applicat	tion Fee				\$710.00	
Total Claims	29	- 20 =	9	x \$18.00	0.00	
Independent Claims	10	- 3 =	7	x \$80.00	0.00	
If multiple dep	endent claim	s are presente	d, add \$270.00			
Total Application Fee						
If an Assertion 50% of Total A			ntity Status is enclo	sed, subtract		
Other fees: (sp	ecify)					
TOTAL FEE	DUE				\$0.00	

[] This application is being filed without a filing fee. Issuance of a Notice to File Missing Parts of Application is respectfully requested.

Check No. 15101 in the amount of \$1,432.00 for the total fee is attached.

Please charge \$___ to Deposit Account No. 03-3117 for the total fee. This paper is being submitted in duplicate.

The Commissioner is hereby authorized to charge any appropriate fees under 37 C.F.R. §§1.16, 1.17, and 1.21 that may be required by this paper,

and to credit any overpayment, to Deposit Account No. 03-3117.

6. Please direct all correspondence concerning this application to:

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CUSTOMER NUMBER:

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Dated:

July 27,01

By:

William S. Galliani Reg. No. 33,885

Respectfully submitted, COOLEY GODWARD LLP

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